

## **Application Data Sheet**

### **Application Information**

Application Number:: Not Yet Assigned  
Filing Date:: July 22, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Title:: Universal Modular Container for Reactor Pressure Vessel  
Heads  
Attorney Docket Number:: 1342/9  
Request for Early Publication?:  
Request for Non-Publication?:  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity:: No  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.:

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: T.  
Family Name:: Tuite

Name Suffix::  
City of Residence:: Cortlandt Manor  
State or Province of Residence:: New York  
Country of Residence:: U.S.  
Street of mailing address:: 2 Gilman Lane  
City of mailing address:: Cortlandt Manor  
State or Province of mailing address:: New York  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 10567

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity  
Given Name:: Kevin  
Middle Name:: T.  
Family Name:: Tuite  
Name Suffix::  
City of Residence:: Cornwall  
State or Province of Residence:: New York  
Country of Residence:: U.S.  
Street of mailing address:: 136 Harold Avenue  
City of mailing address:: Cornwall  
State or Province of mailing address:: New York  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 12518

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: U.S.  
Status:: Full Capacity

Given Name:: Albert  
Middle Name:: A.  
Family Name:: Freitag  
Name Suffix::  
City of Residence:: Washingtonville  
State or Province of Residence:: New York  
Country of Residence:: U.S.  
Street of mailing address:: 20 West Main Street  
City of mailing address:: Washingtonville  
State or Province of mailing address:: New York  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 10992

**Correspondence Information**

Correspondence Customer Number:: 29858